

ZOLLINGER & BURLESON LTD.
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Application No.	10/579,954	Art Unit	1796
Filing Date	May 22, 2006	Examiner Name	Boyle, R.C.
Total no. of pages submitted	8	First Named Inventor	Yan

Client ref. P03096US2A

Firm ref. BJ001donUSC

ENCLOSURES

Where a number is included in parentheses below, it refers to the number of pages of each item.

<input checked="" type="checkbox"/> Amendment / Reply (7) <input type="checkbox"/> After final <input type="checkbox"/> Declaration(s) () <input type="checkbox"/> Extension of Time () <input type="checkbox"/> Express Abandonment Request () <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Letter () <input type="checkbox"/> Form 1449 / equivalent () <input type="checkbox"/> reference copies <input type="checkbox"/> Certified copy of priority document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Appl. () <input type="checkbox"/> Reply to Missing Parts under Rule 52 or 53	<input type="checkbox"/> Drawing(s) () <input type="checkbox"/> Licensing-related papers () <input type="checkbox"/> Petition () <input type="checkbox"/> Petition to convert to a prov'l appl. () <input type="checkbox"/> Terminal disclaimer () <input type="checkbox"/> Request for Refund () <input type="checkbox"/> CD(s) <input type="checkbox"/> Landscape table <input type="checkbox"/> Fee Transmittal form <input type="checkbox"/> Credit card payment (form PTO-2038)	<input type="checkbox"/> After Allowance Communication to TC () <input type="checkbox"/> Appeal Communication () <input type="checkbox"/> to Board of Patent Appeals and Interferences <input type="checkbox"/> to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information () <input type="checkbox"/> Status letter () <input type="checkbox"/> Other enclosure(s) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Where an Amendment is included, claim fees are computed as follows:

			Rate	Total	
Extra claims	20 - HP* =	0	\$52	\$0	<input type="checkbox"/> Small entity status is or
Extra indep. claims	2 - HP* =	0	\$220	\$0	already has been claimed.
Extra mult. dep. claims	0 - HP* =	0	\$390	\$0	

* HP is the highest number for which payment previously was made

REMARKS

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm Name	Zollinger & Burleson Ltd.		
Signature	<i>David G. Burleson</i>	Date	September 21, 2009
Name	David G. Burleson	Registration No.	38,090

CERTIFICATE OF MAILING OR TRANSMISSION

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Signature	<i>David G. Burleson</i>		
Name	David G. Burleson	Date	September 21, 2009

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